

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	1130315	STATUS:	Revision
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	401
	Ashley, OH 43003	MONITORING PERIOD :	2021-10-01 To: 2021-10-31
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2021-10-01							
2021-10-02							
2021-10-03							
2021-10-04							
2021-10-05							
2021-10-06							
2021-10-07							
2021-10-08							
2021-10-09							
2021-10-10							
2021-10-11							
2021-10-12							
2021-10-13							
2021-10-14							
2021-10-15							
2021-10-16							
2021-10-17							
2021-10-18							
2021-10-19							
2021-10-20							
2021-10-21							
2021-10-22							
2021-10-23							
2021-10-24							
2021-10-25							
2021-10-26							
2021-10-27							
2021-10-28							
2021-10-29							
2021-10-30							
2021-10-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2022-03-17 15:03	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:
FACILITY:
LOCATION:

1130315
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

COUNTY:
DISTRICT:

Morrow
CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Revision
4MP00028*AM
401
2021-10-01 To: 2021-10-31

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-10-01						
2021-10-02						
2021-10-03						
2021-10-04						
2021-10-05						
2021-10-06						
2021-10-07						
2021-10-08						
2021-10-09						
2021-10-10						
2021-10-11						
2021-10-12						
2021-10-13						
2021-10-14						
2021-10-15						
2021-10-16						
2021-10-17						
2021-10-18						
2021-10-19						
2021-10-20						
2021-10-21						
2021-10-22						
2021-10-23						
2021-10-24						
2021-10-25						
2021-10-26						
2021-10-27						
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2021-10-29						
2021-10-30						
2021-10-31						
Minimum						
Maximum						
Average						
Count						
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Jeffrey Williamson						Certification Version Date 2022-03-17 15:03

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: FACILITY: LOCATION:	1130315 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD :	Revision 4MP00028*AM 402 2021-10-01 To: 2021-10-31
COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-10-01							
2021-10-02							
2021-10-03							
2021-10-04							
2021-10-05							
2021-10-06							
2021-10-07							
2021-10-08							
2021-10-09							
2021-10-10							
2021-10-11							
2021-10-12							
2021-10-13							
2021-10-14							
2021-10-15							
2021-10-16							
2021-10-17							
2021-10-18							
2021-10-19							
2021-10-20							
2021-10-21							
2021-10-22							
2021-10-23							
2021-10-24							
2021-10-25							
2021-10-26							
2021-10-27							
2021-10-28							
2021-10-29							
2021-10-30							
2021-10-31							
Minimum							
Maximum							
Average							
Count							
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Jeffrey Williamson						Certification Version Date 2022-03-17 15:03	

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SUBMISSION ID:	1130315	STATUS:	Revision
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	402
	Ashley, OH 43003	MONITORING PERIOD :	2021-10-01 To: 2021-10-31
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-10-01						
2021-10-02						
2021-10-03						
2021-10-04						
2021-10-05						
2021-10-06						
2021-10-07						
2021-10-08						
2021-10-09						
2021-10-10						
2021-10-11						
2021-10-12						
2021-10-13						
2021-10-14						
2021-10-15						
2021-10-16						
2021-10-17						
2021-10-18						
2021-10-19						
2021-10-20						
2021-10-21						
2021-10-22						
2021-10-23						
2021-10-24						
2021-10-25						
2021-10-26						
2021-10-27						
2021-10-28						
2021-10-29						
2021-10-30						
2021-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Jeffrey Williamson						Certification Version Date 2022-03-17 15:03

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:
FACILITY:
LOCATION:

1130315
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003
Morrow
CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Revision
4MP00028*AM
403
2021-10-01 To: 2021-10-31

COUNTY:
DISTRICT:

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookside
Charel Rex

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-10-01	7.86	.0394	.0002	.0002	185.6	753.41	.20
2021-10-02							
2021-10-03							
2021-10-04							
2021-10-05	8.11	.0366	.0002	.0002	190.0	180.02	.13
2021-10-06							
2021-10-07							
2021-10-08							
2021-10-09							
2021-10-10							
2021-10-11							
2021-10-12							
2021-10-13							
2021-10-14							
2021-10-15							
2021-10-16							
2021-10-17							
2021-10-18							
2021-10-19	8.14	.0393	.0001	.0001	166.75	118.50	.20
2021-10-20							
2021-10-21							
2021-10-22							
2021-10-23							
2021-10-24							
2021-10-25							
2021-10-26							
2021-10-27							
2021-10-28							
2021-10-29							
2021-10-30							
2021-10-31							
Minimum	7.86	0.0366	1.0E-4	1.0E-4	166.75	118.5	0.13
Maximum	8.14	0.0394	2.0E-4	2.0E-4	190.0	753.41	0.2
Average		0.03843	0.00017	0.00017	180.78333	350.64333	0.17667
Count	3	3	3	3	3	3	3
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2022-03-17 15:03	

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SUBMISSION ID:
FACILITY:
LOCATION:

1130315
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

COUNTY:
DISTRICT:

Morrow
CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Revision
4MP00028*AM
403
2021-10-01 To: 2021-10-31

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookside
Charel Rex

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-10-01	.216					
2021-10-02						
2021-10-03						
2021-10-04						
2021-10-05	.1425					
2021-10-06						
2021-10-07						
2021-10-08						
2021-10-09						
2021-10-10						
2021-10-11						
2021-10-12						
2021-10-13						
2021-10-14						
2021-10-15						
2021-10-16						
2021-10-17						
2021-10-18						
2021-10-19	.216					
2021-10-20						
2021-10-21						
2021-10-22						
2021-10-23						
2021-10-24						
2021-10-25						
2021-10-26						
2021-10-27						
2021-10-28						
2021-10-29						
2021-10-30						
2021-10-31						
Minimum	0.1425					
Maximum	0.216					
Average	0.1915					
Count	3					
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time
						Certification Version Date 2022-03-17 15:03

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SUBMISSION ID:
FACILITY:
LOCATION:

1130315
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Revision
4MP00028*AM
602
2021-10-01 To: 2021-10-31

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookside
Charel Rex

PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2021-10-01							
2021-10-02							
2021-10-03							
2021-10-04	.0321	.0150	.0000	.1835	1.5176	.0000	.7860
2021-10-05							
2021-10-06							
2021-10-07							
2021-10-08							
2021-10-09							
2021-10-10							
2021-10-11	.1077	.4900					
2021-10-12							
2021-10-13							
2021-10-14							
2021-10-15							
2021-10-16							
2021-10-17							
2021-10-18	.1059	.5300	.0000	.1792	.1213	.0000	.0160
2021-10-19							
2021-10-20							
2021-10-21							
2021-10-22							
2021-10-23							
2021-10-24							
2021-10-25	.1857	.5200					
2021-10-26							
2021-10-27							
2021-10-28							
2021-10-29							
2021-10-30							
2021-10-31							
Minimum	0.0321	0.015	0.0	0.1792	0.1213	0.0	0.016
Maximum	0.1857	0.53	0.0	0.1835	1.5176	0.0	0.786
Average	0.10785	0.38875	0	0.18135	0.81945	0	0.401
Count	4	4	2	2	2	2	2
Name of Responsible Official or Authorized Representative		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
							Certification Version Date 2022-03-17 15:03
Jeffrey Williamson							

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1130315 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Revision 4MP00028*AM 602 2021-10-01 To: 2021-10-31 Brookside Charel Rex
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PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2021-10-01							
2021-10-02							
2021-10-03							
2021-10-04	AA5.0	2	8.220	.0089	.0000	.0000	
2021-10-05							
2021-10-06							
2021-10-07							
2021-10-08							
2021-10-09							
2021-10-10							
2021-10-11							
2021-10-12							
2021-10-13							
2021-10-14							
2021-10-15							
2021-10-16							
2021-10-17							
2021-10-18	21.5560	2	8.060				
2021-10-19							
2021-10-20							
2021-10-21							
2021-10-22							
2021-10-23							
2021-10-24							
2021-10-25							
2021-10-26							
2021-10-27							
2021-10-28							
2021-10-29							
2021-10-30							
2021-10-31							
Minimum	0.0	2.0	8.06	0.0089	0.0	0.0	
Maximum	21.556	2.0	8.22	0.0089	0.0	0.0	
Average	10.778	2		0.0089	0	0	
Count	2	2	2	1	1	1	
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>		Submission Date/Time <div style="text-align: center;"> Certification Version Date 2022-03-17 15:03 </div>

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:
LOCATION:

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

PERMIT NUMBER:
MONITORING PERIOD :

4MP00028*AM
2021-10-01 To: 2021-10-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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